Field ID	Field Name	Encounter Usage	Encounter Value	Field Size	Record Position	Proprietary Field Name	Proprietary Position
880-K4	Text Indicator					N/A	N/A
701	Segment Identifier	Required	G1	X(2)	1-2	Record Type	79-80 (D1 record)
880-K5	Transaction Reference Number	Required	Determined by provider	X(10)	3-12	N/A	N/A
101-A1	BIN Number	Required	BIN Number	9(6)	13-18	N/A	N/A
102-A2	Version/Release Number	Required	3C	X(2)	19-20	N/A	N/A
103-A3	Transaction code	Required	01=Billing 11=Reversal 31=Rebill	9(2)	21-22	Adjust Code - **Different values**	57 (D1 record)
104-A4	Processor Control Number	Required	Process control number	X(10)	23-32	N/A	N/A
201-B1	Pharmacy Number	Required	AHCCCS pharmacy provider ID and location code - NNNNNNLL	X(12)	33-44	Service Provider & Location Code	10-17 (D1 record)
301-C1	Group Number	Not Used		X(15)	45-59	N/A	N/A
302-C2	Cardholder ID Number	Required	AHCCCS member ID	X(18)	60-77	AHCCCS Member ID	48-56 (D1 record)
303-C3	Person Code	Not Used		X(3)	78-80	N/A	N/A
304-C4	Date of Birth	Required	Member date of birth	9(8)	81-88	N/A	N/A
305-C5	Sex Code	Required	1=Male 2=Female	9(1)	89-89	N/A	N/A
306-C6	Relationship Code	Not Used		9(1)	90-90	N/A	N/A
308-C8	Other Coverage Code	Required	0=Not specified 1=No other coverage 2=Other coverage exists, payment collected 3=Other coverage exists, claim not covered 4= Other coverage exists, payment not collected	9(1)	91-91	Other Insurance Indicator - **Different value**	72 (D1 record)
401-D1	Date Filled	Required	Dispense date/Date of service	9(8)	92-99	Date of Service	15-20 (E3 record)
FS				X(3)	100-102	N/A	N/A

Field ID	Field Name	Encounter Usage	Encounter Value	Field Size	Record Position	Proprietary Field Name	Proprietary Position
307-C7	Customer Location	Required	00 = Not specified 01=Home 02=InterCare 03=Nursing Home 04=Long Term/Extended Care 05=Rest Home 06=Boarding Home 07=Skilled Care Facility 08=Sub-Acute Facility 09=Acute Care Facility 10=Outpatient 11=Hospice	9(2)	103-104	Place of Service - **Different values**	38-39 (D1 record)
FS				X(3)	105-107	N/A	N/A
309-C9	Eligibility Clarification Code	Not Used		9(1)	108-108	N/A	N/A
FS				X(3)	109-111	N/A	N/A
310-CA	Patient First Name	Not Used		X(12)	112-123	N/A	N/A
FS				X(3)	124-126	N/A	N/A
311-CB	Patient Last Name	Not Used		X(15)	127-141	N/A	N/A
GS				X(1)	142-142	N/A	N/A
402-D2	Prescription Number	Required	RX Number	9(7)	143-149	Prescription Number	32-41 (E3 record)
403-D3	New/Refill Code	Required	00=Original 01-99=Refill Number	9(2)	150-151	Number of this Refill	60-61 (E3 record)
404-D4	Metric Quantity	Not Used		9(5)	152-156	N/A	N/A
405-D5	Days Supply	Required	Days Supply	9(3)	157-159	Days Supply	56-59 (E3 record)
406-D6	Compound Code	Required	0=Not specified 1=Not a Compound 2=Compound	9(1)	160-160	N/A	N/A
407-D7	NDC Number	Required	NDC Format: MMMMMDDDDPP M=Manufacturer's Number D=Drug ID P=Package Size	9(11)	161-171	NDC Code 1-3	21-31 (E3 record)

Field ID	Field Name	Encounter Usage	Encounter Value	Field Size	Record Position	Proprietary Field Name	Proprietary Position
408-D8	Dispense as Written	Required	0=No Product Selection Indicated 1=Substitution Not Allowed by Prescriber 2=Substitution Allowed-Patient Requested Produce Dispensed 3=Substitution Allowed-Pharmacist Selected Product Dispensed 4=Substitution Allowed-Generic Durg Not in Stock 5=Substitution Allowed-Bran Drug dispensed as Generic 6=Override 7=Substitution Not Allowed-Brand Drug Mandated by Law 8=Substitution Allowed-Generic Drug Not Available in Marketplace 9=Other	X(1)	172-172	Brand Necessary - **Different values**	64 (E3 record)
409-D9	Ingredient Cost	Required	Ingredient Cost Submitted by Pharmacy	9(6)	173-178	N/A	N/A
411-DB	Prescriber ID	Required	AHCCCS Provider ID and Location Code NNNNNNLL	X(10)	179-188	Prescribing Provider ID & Location	40-47 (D1 record)
414-DE	Date Prescription Written	Required	CCYYMMDD	9(8)	189-196	RX Order Date	9-14 (E3 record)
426-DQ	Usual & Customary Charge	Situational, May Be Reported		9(6)	197-202	N/A	N/A
FS				X(3)	203-205	N/A	N/A
416-DG	PA/MC Code & Number	Not Used		9(12)	206-217	N/A	N/A
FS				X(3)	218-220	N/A	N/A
418-DI	Level of Service	Not Used		9(2)	221-222	N/A	N/A
FS				X(3)	223-225	N/A	N/A
424-DO	Diagnosis Code	Required When Known	ICD-9 Diagnosis Code	X(6)	226-231	N/A	N/A
FS				X(3)	232-234	N/A	N/A
429-DT	Unit Dose Indicator	Situational, May Be Reported		9(1)	235-235	N/A	N/A

Field ID	Field Name	Encounter Usage	Encounter Value	Field Size	Record Position	Proprietary Field Name	Proprietary Position
FS				X(3)	236-238	N/A	N/A
430-DU	Gross Amount Due	Required	Total Billed Amount, Including Ingredient Cost and Dispensing Fee	9(6)	239-244	Claim Line Charge	15-22 (E4 record)
FS				X(3)	245-247	N/A	N/A
431-DV	Other Payor Amount	Required	Amount of Other Payment - Sum of all other paid amounts, excluding plan liability	9(6)	248-253	Other Insurance Payment	47-54 (E4 record)
FS				X(3)	254-256	N/A	N/A
433-DX	Patient Paid Amount	Required	Amount the Pharmacy Actually Collected from the Member/Person Picking Up the Drug	9(6)	257-262	N/A	N/A
FS				X(3)	263-265	N/A	N/A
438-E3	Incentive Amount Submitted	Not Used		9(6)	266-271	N/A	N/A
FS				X(3)	272-274	N/A	N/A
439-E4	DUR Conflict Code	Not Used		X(2)	275-276	N/A	N/A
FS				X(3)	277-279	N/A	N/A
440-E5	DUR Intervention Code	Not Used		X(2)	280-281	N/A	N/A
FS				X(3)	282-284	N/A	N/A
441-E6	DUR Outcome Code	Not Used		X(2)	285-286	N/A	N/A
FS				X(3)	287-289	N/A	N/A
442-E7	Metric Decimal Quantity	Required	Quantity Dispensed	9(8)	290-297	Quantity Dispensed	52-55 (E3 record)
FS				X(3)	298-300	N/A	N/A
443-E8	Primary Payor Denial Date	Situational, May Be Reported		9(8)	301-308	N/A	N/A
N/A	AHCCCS ID	Not Used		X(9)	309-317	N/A	N/A
				X(1)	318-318	N/A	N/A
N/A	Resubmission Reference Number	Required When Field '103-A3' Value is '11' or '31'	AHCCCS CRN When Field '103-A3' Value is '11' or '31'	X(12)	319-332	Original CRN	58-71 (D1 record)
N/A	PBM Unique Key	Not Used		X(20)	333-352	N/A	N/A
N/A	Tribe ID	Not Used		X(6)	353-358	N/A	N/A
335-2C	Pregnancy Indicator	Required	Blank=Not Specified 1=Not Pregnant 2=Pregnant	X(1)	359-359	N/A	N/A
407-D7	Other Procedure Code	Required When Known		X(19)	360-378	N/A	N/A
459-ER	Modifier 1	Required When Known		X(2)	379-380	N/A	N/A
459-ER	Modifier 2	Required When Known		X(2)	381-382	N/A	N/A
459-ER	Modifier 3	Required When Known		X(2)	383-384	N/A	N/A
459-ER	Modifier 4	Required When Known		X(2)	385-386	N/A	N/A
424-DO	Diagnosis Code 2	Required When Known		X(15)	387-401	N/A	N/A
424-DO	Diagnosis Code 3	Required When Known		X(15)	402-416	N/A	N/A

Field ID	Field Name	Encounter Usage	Encounter Value	Field Size	Record Position	Proprietary Field Name	Proprietary Position
415-DF	Number of Refills Authorized	Required	Value 00-99	9(2)	417-418	Refills Authorized	62-63 (E3 record)
601-68	Claim Number	Required	Plan Claim Number	X(14)	419-432	N/A	N/A
600-28	Unit of Measure	Required	EA=Each GM=Grams ML=Milliliters	X(2)	433-434	N/A	N/A
312-CC	Cardholder First Name	Required		X(12)	435-446	N/A	N/A
313-CD	Cardholder Last Name	Required		X(15)	447-461	N/A	N/A
461-EU	Prior Authorization Type Code	Situational, May Be Reported	May Be Used to Bypass Medical Review Type Encounter Edits	X(2)	462-463	N/A	N/A
462-EV	Prior Authorization Number	Situational, May Be Reported	May Be Used to Bypass Medical Review Type Encounter Edits	X(12)	464-475	N/A	N/A
412-DC	Dispensing Fee Submitted	Required	Dispensing Fee Submitted by Pharmacy	9(6).99	476-483	N/A	N/A
334-1C	Smoker/Non Smoker Code	Situational, May Be Reported	Blank=Not Specified 1=Non Smoker 2=Smoker	9(1)	484-484	N/A	N/A
338-5C	Other Payer 1 Coverage Type	Required	Blank=Not Specified 01=Primary 02=Secondary 03=Tertiary	X(2)	485-486	N/A	N/A
340-7C	Other 1 Payer ID	Required	Health Plan ID (6 bytes) + TSN (3 bytes)	X(10)	487-496	N/A	N/A
431-DV	Amount of Payment	Required	Allowed Amount (342-HC qualifier = 07)	9(6).99	497-504	N/A	N/A
431-DV	Amount of Payment	Required	Total Paid Amount (342-HC qualifier = 08)	9(6).99	505-512	Plan Payment Amount	07-14 (E4 record)
431-DV	Amount of Payment	Required	Dispensing Fee Paid (342-HC qualifier = 04, 1st occurrence)	9(6).99	513-520	N/A	N/A
431-DV	Amount of Payment	Required	Ingredient Cost Paid (342-HC qualifier = 04, 2nd occurrence)	9(6).99	521-528	N/A	N/A
431-DV	Amount of Payment	Required	CoPay (342-HC qualifier = 99, 3rd occurrence)	9(6).99	529-536	N/A	N/A
431-DV	Amount of Payment	Required	Deductible (342-HC qualifier = 99, 1st occurrence)	9(6).99	537-544	N/A	N/A

Field ID	Field Name	Encounter Usage	Encounter Value	Field Size	Record Position	Proprietary Field Name	Proprietary Position
431-DV	Amount of Payment	Required	Coinsurance (342-HC qualifier = 99, 2nd occurrence)	9(6).99	545-552	N/A	N/A
338-5C	Other Payer 2 Coverage Type	Required When Claim Processed by Additional Coverage	Blank=Not Specified 01=Primary 02=Secondary 03=Tertiary	X(2)	553-554	N/A	N/A
340-7C	Other Payer 2 ID	Required When Claim Processed by Additional Coverage	Other Payer ID	X(10)	555-564	N/A	N/A
431-DV	Amount of Payment	Required When Claim Processed by Additional Coverage	Allowed Amount (342-HC qualifier = 07)	9(6).99	565-572	Medicare Allow Amount - If covered by Medicare & Medicare is primary	23-30 (E4 record)
431-DV	Amount of Payment	Required When Claim Processed by Additional Coverage	Total Paid Amount (342-HC qualifier = 08)	9(6).99	573-580	Medicare Payment - If covered by Medicare & Medicare is primary	39-46 (E4 record)
431-DV	Amount of Payment	Required When Claim Processed by Additional Coverage	Dispensing Fee Paid (342-HC qualifier = 04, 1st occurrence)	9(6).99	581-588	N/A	N/A
431-DV	Amount of Payment	Required When Claim Processed by Additional Coverage	Ingredient Cost Paid (342-HC qualifier = 04, 2nd occurrence)	9(6).99	589-596	N/A	N/A
431-DV	Amount of Payment	Required When Claim Processed by Additional Coverage	CoPay (342-HC qualifier = 99, 3rd occurrence)	9(6).99	597-604	N/A	N/A
431-DV	Amount of Payment	Required When Claim Processed by Additional Coverage	Deductible (342-HC qualifier = 99, 1st occurrence)	9(6).99	605-612	Medicare Deductible - If covered by Medicare & Medicare is primary	31-38 (E4 record)
431-DV	Amount of Payment	Required When Claim Processed by Additional Coverage	Coinsurance (342-HC qualifier = 99, 2nd occurrence)	9(6).99	613-620	N/A	N/A
338-5C	Other Payer 3 Coverage Type	Required When Claim Processed by Additional Coverage	Blank=Not Specified 01=Primary 02=Secondary 03=Tertiary	X(2)	621-622	N/A	N/A
340-7C	Other Payer 3 ID	Required When Claim Processed by Additional Coverage	Other Payer ID	X(10)	623-632	N/A	N/A
431-DV	Amount of Payment	Required When Claim Processed by Additional Coverage	Allowed Amount (342-HC qualifier = 07)	9(6).99	633-640	Medicare Allow Amount - If covered by Medicare, Medicare is secondary & plan is tertiary	23-30 (E4 record)
431-DV	Amount of Payment	Required When Claim Processed by Additional Coverage	Total Paid Amount (342-HC qualifier = 08)	9(6).99	641-648	Medicare Payment - If covered by Medicare, Medicare is secondary & plan is tertiary	39-46 (E4 record)
431-DV	Amount of Payment	Required When Claim Processed by Additional Coverage	Dispensing Fee Paid (342-HC qualifier = 04, 1st occurrence)	9(6).99	649-656	N/A	N/A

Field ID	Field Name	Encounter Usage	Encounter Value	Field Size	Record Position	Proprietary Field Name	Proprietary Position
431-DV	Amount of Payment	Required When Claim Processed by Additional Coverage	Ingredient Cost Paid (342-HC qualifier = 04, 2nd occurrence)	9(6).99	657-664	N/A	N/A
431-DV	Amount of Payment	Required When Claim Processed by Additional Coverage	CoPay (342-HC qualifier = 99, 3rd occurrence)	9(6).99	665-672	N/A	N/A
431-DV	Amount of Payment	Required When Claim Processed by Additional Coverage	Deductible (342-HC qualifier = 99, 1st occurrence)	9(6.99)	673-680	Medicare Deductible - If covered by Medicare, Medicare is secondary & plan is tertiary	31-38 (E4 record)
431-DV	Amount of Payment	Required When Claim Processed by Additional Coverage	Coinsurance (342-HC qualifier = 99, 2nd occurrence)	9(6).99	681-688	N/A	N/A

All dates are formatted CCYYMMDD